Commonwealth of Kentucky Department of Insurance Agent Licensing Division P. O. 517 Frankfort, Ky. 40602 502-564-6004

REQUEST FOR UNLICENSED ADJUSTER REPRESENTING AN INSURER TO ADJUST LOSSES RESULTING FROM A CATASTROPHE

In order to send unlicensed Adjusters into the Commonwealth of Kentucky to adjust the losses from a "declared" catastrophe situation, you must comply with the following provisions of the law.

KRS 304.9-430 Adjuster's license -- Qualifications -- Examination - Catastrophe adjustments.

(4) Except, that no adjuster's license or qualifications shall be required as to any adjuster who is sent into this state on behalf of an insurer for the purpose of investigating or making adjustment of a particular loss under an insurance policy, or for the adjustment of a series of losses resulting from a catastrophe common to all losses.

806 KAR 9:120. Unlicensed adjusters.

RELATES TO: KRS 304.9-430

STATUTORY AUTHORITY: KRS 304.2-110

NECESSITY, FUNCTION, AND CONFORMITY: KRS 304.2-110 provides that the Commissioner of Insurance may promulgate administrative regulations necessary for or as an aid to the effectuation of any provision of the Kentucky Insurance Code. This administrative regulation permits the activities of an unlicensed adjuster for a specified period under specific conditions.

Section 1. An unlicensed adjuster sent into this state on behalf of an insurer for the adjustment of a series of losses resulting from a catastrophe common to all such losses shall be permitted to do so without being licensed in Kentucky for a period not exceeding ninety (90) consecutive days, which period may be extended by the commissioner for good cause shown.

If you are adjusting a loss determined to be catastrophic by state or federal government, you must complete the following

information and submit to	the Kentucky Department of Insurance, Agent Licensing Division.		
Name of Insurer:	FEIN:	FEIN:	
The following to behalf of CAT#	unlicensed adjusters are being sent to the State of Kentucky to adjust clain which occurred during the month of	ns on	

Name of Unlicensed Adjuster	Social Security Number	State Licensed (if applicable)	Starting date for claims adjusting

(Please submit more than one form if necessary)

I am an authorized representative to sign on behalf of the above listed Insurer.

Name	Title	Signature	Phone Number	Date
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